

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

9/201228

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		6				
2	1						52		6				
3	1						53		6				
4	1						54		6				
5	1						55		3				
6	1						56		3				
7		5					57						
8		3					58						
9		6					59						
10		3					60						
11		3					61						
12		3					62						
13		6					63						
14		3					64						
15		3					65						
16		3					66						
17		3					67						
18		3					68						
19		3					69						
20		3					70						
21		3					71						
22		3					72						
23		3					73						
24		3					74						
25		3					75						
26		6					76						
27		6					77						
28		3					78						
29		3					79						
30		6					80						
31		3					81						
32		3					82						
33		3					83						
34		3					84						
35		3					85						
36		3					86						
37		3					87						
38		3					88						
39		3					89						
40		3					90						
41		3					91						
42		3					92						
43		3					93						
44		3					94						
45		3					95						
46		3					96						
47		3					97						
48		3					98						
49		3					99						
50		3					100						
TOTAL IND.	6						TOTAL IND.	6					
TOTAL DEP.		179					TOTAL DEP.		179				
TOTAL CLAIMS		185					TOTAL CLAIMS		185				

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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